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Substitute for Form 1449/PTO	Complete if Known	
	Application Number	10/572,655
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	First Named Inventor	Dominik EISERT
STATEMENT BY APPLICANT (Use as many sheets as necessary)	Art Unit	2811
(Ose as many success as necessary)	Examiner Name	LAM, Cathy N.
Sheet I of I	Attorney Docket Number	5367-223PUS

Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant
Initials*	No. 1	Number-Kind-Code 2(if	MM-DD-YYYY	Applicant of Cited Document	Passages or Relevant Figures Appear
/C.L%		US-6,291,839	09-18-2001	Lester	
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Initials* No. 1	No.	Country Code <sup>3-</sup> Number <sup>4-</sup> Kind-Code <sup>5 (if known</sup>	de <sup>3</sup> Number <sup>4</sup> MM-DD-YYYY	Applicant of Cited Document	Relevant Figures Appear	

Examiner Signature	/Cathy Lam/	Date Considered	04/24/2009

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